Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10824408

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			14					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			<i>)尖-</i> _minus 20=		·			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 - minus 3 = 0					X43=		OR	X86=	
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	7700
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
_		(Column 1)	Colum(Colum				1 r	JWALL !			OMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1	OR	+290=	
								TOTAL		OR	TOTAL	
ADDIT. FEE												
		(Column 1) CLAIMS		HIGH		(Column 3)	1 г		ADD!	1		400
AMENDMENT B		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	IRST PRESENTATION OF MULTIPLE DEPENDENT		CLAIM	=		X43=	•	OR	X86=		
THE THE SET OF MOETH CE DEL ENDERT OF MA								+145=		OR	+290=	
								TOTAL		OR .	TOTAL	
ADDIT. FEE ADDIT. FEEL												
	`	(Column 1)		(Colum		(Column 3)	i		· .			
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIO PAID F	JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									▔╏		
+145=										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE	
		mber Previously Pa ber Previously Paid							opriate box			